

<b>Case Number:</b>	CM15-0098073		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	02/07/2000
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 49-year-old male who sustained an industrial injury on 2/7/00. Injury occurred when he was on a stepladder, about 4 steps high, and lost his balance. He fell backwards, landing on his back and twisting his right lower extremity. He underwent right knee partial meniscectomy and anterior cruciate ligament reconstruction in 2002, and subsequent ACL reconstruction on 6/30/10. Past medical history was positive for diabetes mellitus type II. The 4/5/13 lumbar discogram impression documented that discography at L4/5 and L5/S1 appeared likely to partially at least reproduce the injured worker's typical back pain pattern. Concordance in pain severity was achieved at L4/5. Concordance in pain quality was achieved at L5/S1. The L3/4 discography showed disc degeneration, however pain produced at this level was not concordant with the injured worker's classic back pain pattern. The 4/5/13 lumbar spine CT scan impression stated that annular tears were suggested at L4/5 and L5/S1. There was impingement upon the exiting bilateral L5 nerve roots at the level of the neural foramen, most pronounced on the left. There was mass effect on the exiting left L4 nerve root at the level of the neural foramen. There were disc bulges at L2/3, L3/4, and L4/5, with stable disc extrusion centrally at L5/S1. The 2/6/14 lumbar spine MRI documented L4/5 broad-based disc protrusion impinging the L5 nerve root in the left lateral recess, and mass effect on the left L4 nerve root emerging from the foramina into the proximal aspect of the far lateral zone. At L5/S1, there was a broad-based disc bulge with severe left neuroforaminal stenosis. There was mild mass effect upon the emerging left L5 nerve root into the proximal aspect of the far lateral zone. There was a right L2/3 broad-based disc protrusion with annular tearing causing mild impingement on the right lateral recess L3 nerve root. The 4/8/15 treating physician report cited constant low back

and right knee pain. Medications reduced some of his pain. Pain was 6/10 with medications. Medications included Anaprox and Prilosec. He complained of anxiety and depression. Physical exam documented tenderness at the lumbar spine and facet joint, with decreased flexion, extension and lateral bending. The diagnosis was lumbago, low back pain, and knee joint pain. The spine surgeon had recommended surgery. He had been unable to work since August 2009. Authorization was requested for L5-S1 anterior lumbar interbody fusion with LDR system and L4-5 artificial disk replacement and inpatient x 2-3 days. The 5/12/15 utilization review non-certified the request for L5/S1 anterior lumbar interbody fusion with LDR system and L4/5 artificial disc replacement, and a 2 to 3 day inpatient stay as the documentation submitted did not provide sufficient evidence of significant objective functional deficits, recent tried and failed conservative care, and clear clinical, imaging, and electrophysiologic evidence of a lesion shown to benefit in the short and long term from surgical repair. Additionally, there was no documentation of increased spinal instability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **L5-S1 Anterior Lumbar Interbody Fusion with LDR System and L4-5 Artificial Disk Replacement: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back i;½ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal); Disc prosthesis.

**Decision rationale:** The California MTUS guidelines recommend decompression surgery for lumbosacral nerve root decompression. MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The Official Disability Guidelines recommend criteria for lumbar decompression that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis, or for surgically induced segmental instability. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. The California MTUS guidelines do not recommend artificial disc replacement and state this should be regarded as experimental at this time. The Official Disability Guidelines do not recommend artificial disc replacement (ADR). Current US treatment coverage recommendations were listed. Indications for lumbar ADR include primary back and/or leg pain in the absence of nerve root compression with single level disease. Patient's exclusions also include spondylolisthesis, stenosis, facet-mediated pain,

and osteoporosis. FDA approved indications are listed as failure of 6 months non-operative treatment, skeletally mature patient, single disc only, no infection, no sensitivity to implant materials, and no osteoporosis or spondylosis. Guideline criteria have not been met. This injured worker presents with complaints of low back and right knee pain. Clinical exam findings do not provide evidence of nerve root compromise. There is imaging evidence of multilevel disc pathology with nerve root compromise at L2/3, L4/5, and L5/S1. However, there is no radiographic evidence of spinal segmental instability or discussion of the need for wide decompression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Psychological complaints are noted with no evidence of a psychosocial screen. In addition, a disc replacement adjacent to a fused spinal segment would represent a hybrid-type complex/construct of which there are no significant long-term large volumes medical literature studies at large. Therefore, this request is not medically necessary.

**Length of Stay: inpatient (2-3 days): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic: Hospital length of stay (LOS).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.